

100 NEWS

Premier Will Hodgman admits health system 'clearly failed' in death of Anne Woulleman-Jarvis

By Georgie Burgess and James Dunlevie

Updated Thu 18 May 2017, 7:25pm

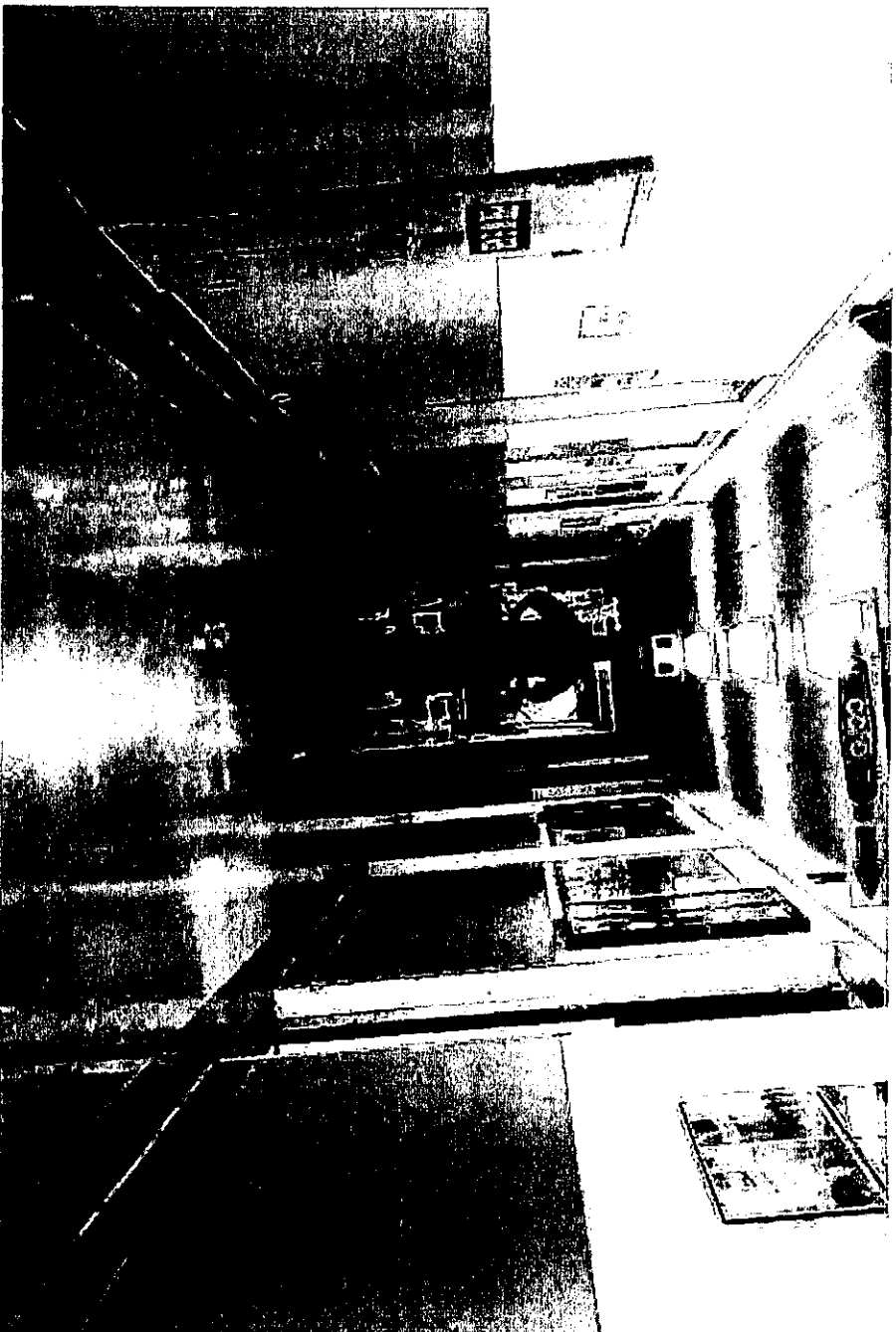


PHOTO: Anne Woullleman-Jarvis died after a "cruel trifecta" of shortcomings, a coroner found. (ABC News)

Tasmania's Premier says the health system "clearly failed" a woman who died due, in part, to what a coroner said was inadequate care at an understaffed Royal Hobart Hospital, labelling her death "totally unacceptable".

Anne Woullleman-Jarvis died after being discharged from the hospital, where she was being treated for a head injury in 2015, with a coroner finding this week insufficient staffing levels at the emergency department (ED) contributed to her death.

Premier Will Hodgman has described 62-year-old Ms Woullleman-Jarvis' death as "the most traumatic of circumstances".

RELATED STORY: Coroner finds 'substandard care' at RHH contributed to woman's death

RELATED STORY: 'Litany of errors' at Royal Hobart Hospital ends in woman's death

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MAP: Hobart 7000



"It's entirely unacceptable, it's the sort of reason why we've sharpened our effort to increase personnel in the emergency department to ensure this sort of thing doesn't happen again," Mr Hodgman said.

"It's our responsibility to ensure these things don't happen again, to provide additional resource, to provide every support to a health system that is under strain and has clearly failed the needs of the patient.

"These are the most traumatic circumstances."

Mr Hodgman said the Government was doing everything it could to improve the health system, which has been under heavy criticism by unions, the State Labor Opposition and ambulance paramedics.



PHOTO: Anne Woulleman-Jarvis' death in hospital was the subject of a coronial inquiry. (Supplied)

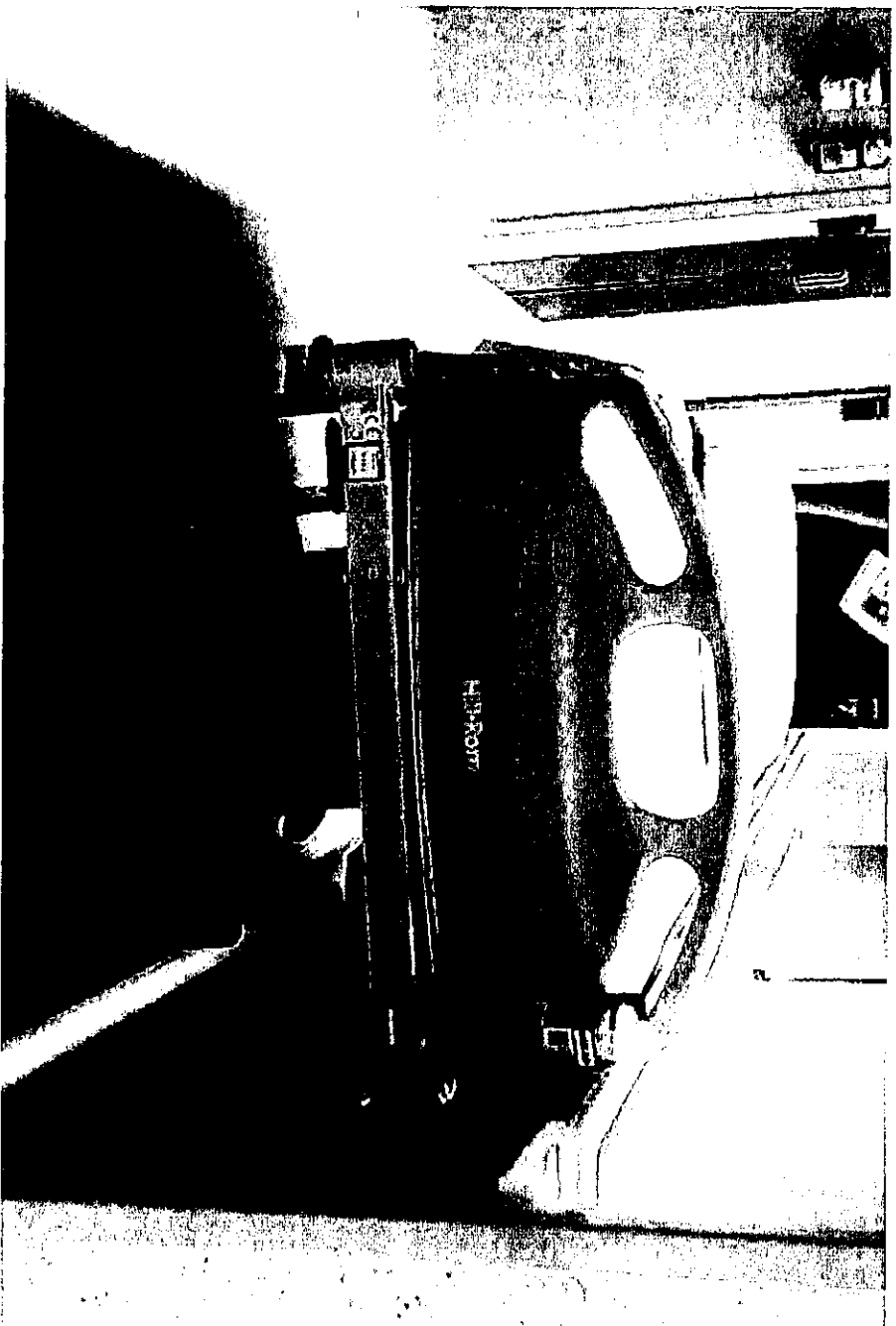


PHOTO: The nurse's union says March 2017 saw an 'all-time record' for admissions at RHH's ED. (ABC News)

Hospital warned staff levels would cause 'actual patient harm'

In his findings following Ms Woulleman-Jarvis' death, coroner Rod Chandler said the specialist in charge of the RHH ED at the time of the death had in the months prior expressed "very real concerns related to the capacity of her department to cope with its workload".

Mr Chandler said Dr Emma Huckerby wrote a report to management "to record a comparison of medical staff numbers at the ED of the RHH with staff numbers at four other comparative hospitals in Australia with a view to assessing the adequacy of the staffing levels at the RHH's ED".

.He said Dr Huckerby reported "current levels of medical staffing at the RHH ED are inadequate ... this gap in staffing is significantly impacting on the capacity of the ED to provide safe and timely emergency care to patients attending the RHH".

"The gap needs to be addressed urgently as current trends in patient attendances and complexity at the RHH (and at all major referral hospitals in Australia) show that ED workload is going to continue to increase," Dr Huckerby wrote.

In conclusion, Mr Chandler found RHH's ED staffing levels were a "matter of grave concern" that "did not comply with national benchmarking and exposed patients to the risk of actual patient harm".

"This is a matter of grave concern, firstly because the RHH's senior management permitted this state of affairs to materialise without an appropriate response and secondly, because it took almost nine months for the situation to be addressed after Dr Huckerby brought it to management's notice in the starkest of terms," Mr Chandler said in his findings.

"Regrettably and tragically Mrs Woulleman-Jarvis was ... a victim of the 'actual patient harm' forewarned by Dr Huckerby."

Money must be found in budget: Labor, nurses' union

Opposition Leader Rebecca White said next week's state budget must include funds to improve resourcing for the health system.

"This is a terrible, terrible consequence of under-resourcing of the emergency department in particular," Ms White said.

"I hope, if nothing else, this provides the warning to the Government that they need to put funding in next week's state budget to improve resourcing to the health system in Tasmania."

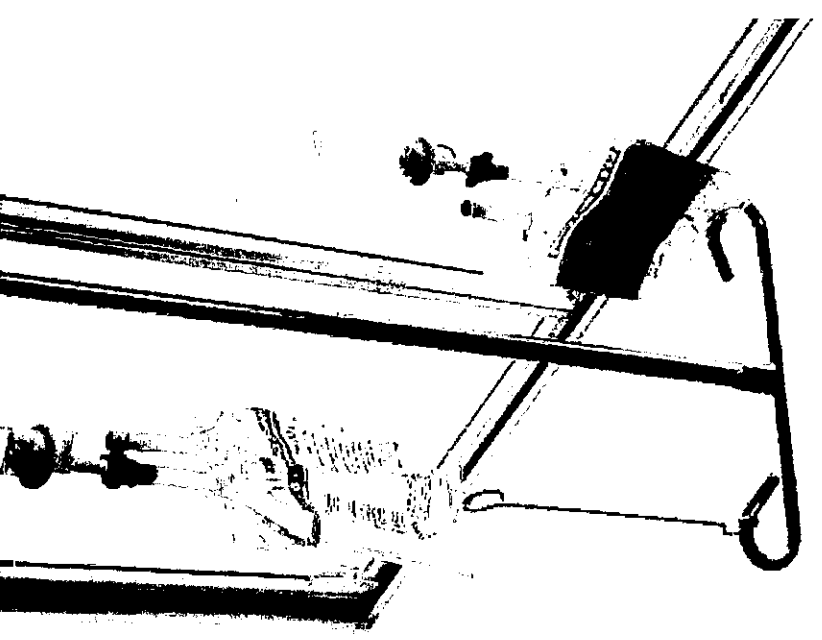


PHOTO: Frontline hospital staff were doing 'everything they can' to provide patient care but 'mistakes were being made'. (ABC News)

"This is a result of the 2014 budget cuts where \$210 million was ripped out of the health system — we can draw the conclusion that because of those budget cuts and lack of staff in our hospital system, patients aren't getting the care they need and it needs to be rectified."

Greens MP Rosalie Woodruff echoed Ms White's comments and said the death of Ms Woulleman-Jarvis was "wholly unavoidable".

"The staff at the emergency department at the RHH are extremely concerned about the impact on patients of the under-resourcing," Ms Woodruff said. "There's not enough staff, there's not enough beds."

Neroli Ellis from the Nursing and Midwifery Federation said pressures at the RHH were getting worse, and the death of Ms Woulleman-Jarvis highlighted a system failure that was foreshadowed.

"We're seeing overcrowding in the ED, the staff are doing everything they physically can to manage patient care but we are seeing mistakes being made and we are seeing constant concerns being raised by management," Ms Ellis said.

"The critical issue is we haven't got enough beds, and the pressures at the Royal [Hobart Hospital] have actually become worse."

The Government promised to open 27 additional beds in the south to ease the pressure on the ED, but Ms Ellis said none had opened.

"We're seeing day-in, day-out a crowded ED, we're seeing double shifts — 351 for the month of March — which is an all time record," she said.

"We're just not seeing an urgent crisis response."

Topics: death, health-administration, government-and-politics, healthcare-facilities, health, hobart-7000

First posted Thu 18 May 2017, 6:37pm

NEWS

Tasmania's 'broken' health system needs better management, not money, senior doctor says

Updated Tue 29 Mar 2016, 2:03pm

Better management, not money, is the key to fixing Tasmania's "broken" emergency health system, one of the state's most senior doctors says.

Last week, two women had miscarriages in chairs due to a shortage of beds at Royal Hobart Hospital (RHH).

Australian College for Emergency Medicine Tasmania chair Dr Brian Doyle said he spent the long weekend in the emergency department at RHH and said a few changes had made a huge difference.

"It's not simply throwing money at a system that's unfortunately a bit broken and needs to be better managed," he said.

Dr Doyle said the root cause of the problem was an issue referred to as bed block, or access block.

"This is where we have sick people who have been seen and treated in the emergency department who then need to be in hospital for treatment ... but there's not a bed for them to go to so they stay in the emergency department," he said.

"They're taking up the beds in the emergency department that you would usually use to treat everybody else so we juggle and try to treat people in chairs and just use our common sense as best we can."

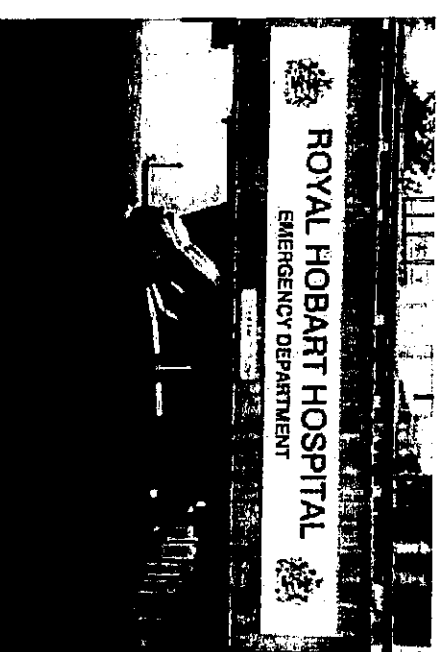


PHOTO: A senior doctor said maximising existing RHH resources was important in addressing the problems. (ABC News: Sam Ikin)

RELATED STORY: Doctor warns of threat to elective surgery in Tasmania as flu season looms

RELATED STORY: Health service boss ordered to spend week at Royal Hobart Hospital

MAP: Hobart 7000

Maximising resources helps with busy Easter weekend

Key points:

Dr Doyle said simply spending more money was not the answer.

"Over the Easter weekend, I worked at the Royal Hobart Hospital and it was beautiful, it was easy, there was no access block," he said.

"Even though it was busier, we were able to sort through things rather easily.

"There are solutions that don't necessarily require money and extra funding, it's making sure you maximise the existing resources that you have.

"They did cancel some elective surgery, there was no extra money put into it, so there are solutions there that don't necessarily require money."

But health policy analyst Martyn Goddard said a change in management practices would only help to a certain extent and a massive increase in funding was needed.

"Our demand for hospital care generally, inpatient care, not emergency, is going up around about twice the national average," he said.

"Demand in Tasmania is accelerating so much we have undertreated and untreated so many people for so long, we've had so many fewer facilities and capacity for our population than any other state or territory for so long that it's catching up with us."

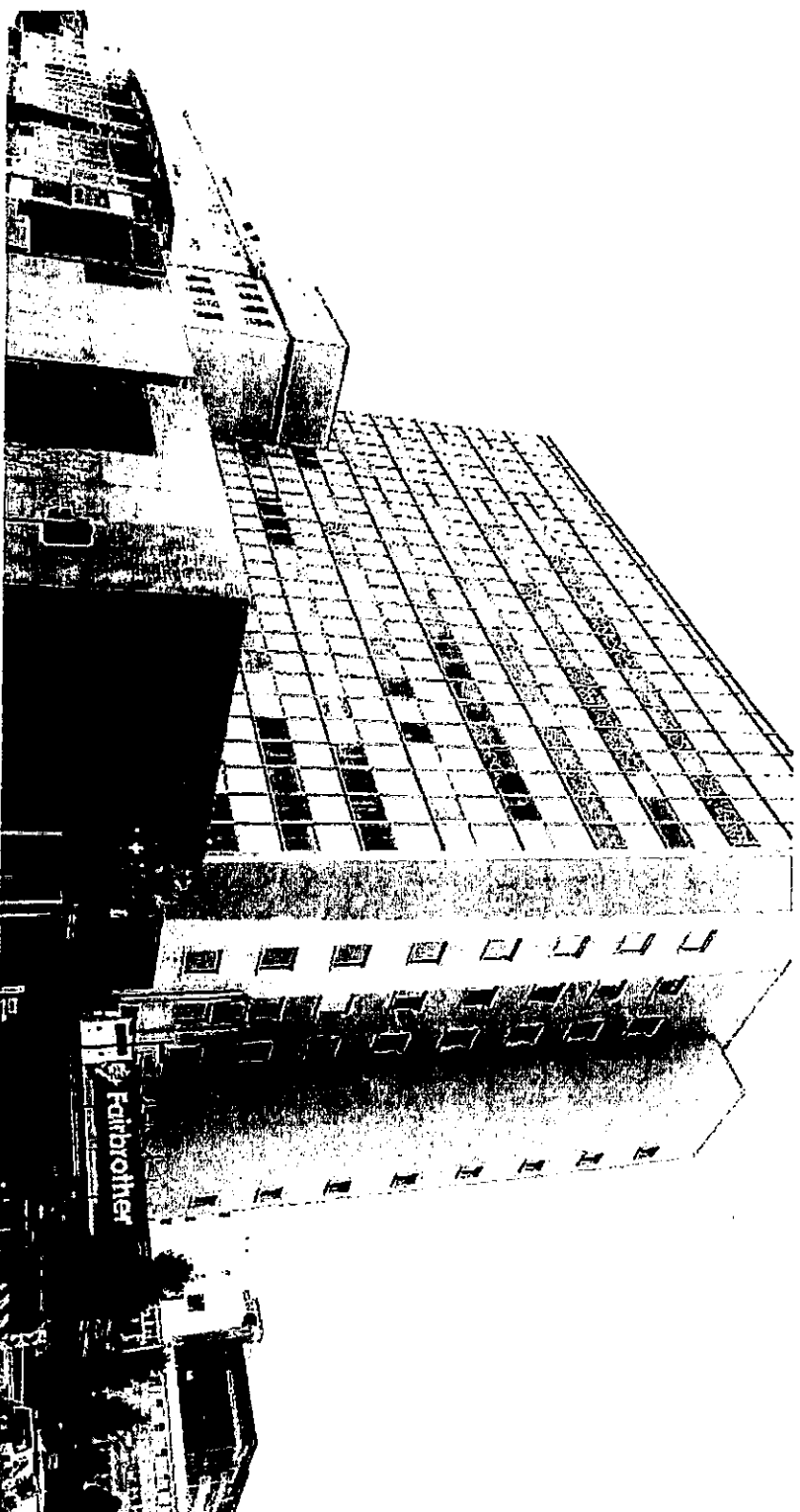
Mr Goddard said communication also needed to be examined.

"We've had empty beds in the wards but the people in emergency haven't been told they're empty," he said.

Topics: health, healthcare-facilities, states-and-territories, hobart-7000

First posted Tue 29 Mar 2016, 1:45pm

- Senior emergency doctor worked at RHH on "busy" Easter weekend
- Hospital coped "beautifully" and "easily" with increased demand
- Urges better management ahead of additional funding



 Doctors are complaining about a chronic bed shortage for patients at the Royal Hobart Hospital.

Excerpt from

Doctors complain of chronic bed shortage at the Royal Hospital

LORETTA LOHBERGER, Mercury

February 2, 2017 10:04pm

Subscriber only

PATIENTS at the Royal Hobart Hospital emergency department are being interviewed about their medical conditions in waiting areas because the hospital cannot cope with demand, the hospital's Medical Staff Association says.

This is despite January being a relatively quiet month for the hospital, with fewer emergency presentations than expected.

The association's chairman Frank Nicklason said four people were interviewed in an area normally used by patients waiting to go home, where the chairs are close together.


Dr Nicklason said another man who had a prolonged seizure could not be admitted to the intensive care unit because of bed shortages, and had to be treated in a waiting area in the emergency department.

He said a chronic bed shortage, exacerbated by the demolition of the hospital's B block and inadequate alternatives, was causing problems throughout the hospital.

"It has been a relatively quiet January and yet the hospital can't cope," he said.

"We're forced to look after patients in areas that aren't suitable."



 Health Minister Michael Ferguson.

In a statement, Health Minister Michael Ferguson said the Tasmania Health Service had advised him that because of “persistent demand”, emergency and admissions were exceeding capacity at the RHH.

“I can confirm that the Government and the THS have been working on a significant new package of measures to address this increased demand. I expect this to be finalised in coming weeks,” Mr Ferguson said.

ABOUT THE CHARTER

Everyone who is seeking or receiving care in the Australian Health system has certain rights regarding the nature of that care. These are described in the Australian Charter of Healthcare Rights. The rights included in the Charter relate to access, safety, respect, communication, participation, privacy and comment. The Australian Charter of Healthcare Rights is available to everyone in the healthcare system. It allows patients, consumers, families, carers and healthcare providers to share an understanding of the rights of people receiving health care.

Patients, consumers, healthcare providers and health service organisations all have important parts to play in achieving healthcare rights.

Healthcare providers play a vital role in ensuring that quality care is delivered to patients and consumers and, by their professionalism and dedication, ensure that the very best outcomes are achieved for everyone in the system.

A genuine partnership between patients, consumers and healthcare providers is important so that everyone achieves the best possible outcomes.

USING THE CHARTER

This brochure discusses each of the seven Charter rights, and provides some guidance to healthcare providers about ways they can contribute to ensuring that the rights are upheld.

The rights in the Charter express many of the actions and obligations that healthcare providers already have under existing organisational or professional codes or policies.

MORE INFORMATION

Healthcare providers contribute to good health care outcomes by offering information and advice on how the processes work in the particular healthcare setting or facility.

Patients or consumers may often hesitate to raise issues about their rights; these should be discussed with them and they should be advised of how they can obtain information about their rights.

For more information on the Charter and how you can contribute to achieving healthcare rights visit:

www.safetyandquality.gov.au



THE AUSTRALIAN CHARTER OF HEALTHCARE RIGHTS

A GUIDE FOR HEALTHCARE PROVIDERS



FOR MORE INFORMATION ON THE CHARTER AND HOW YOU
CAN CONTRIBUTE TO ACHIEVING HEALTHCARE RIGHTS VISIT
WWW.SAFETYANDQUALITY.GOV.AU

AUSTRALIAN COMMISSION
SAFETY AND QUALITY IN HEALTHCARE

ACCESS

A right to health care.

Access is enhanced when the best and most appropriate care is provided to a patient or consumer, including using other facilities if needed.

Being mindful of the whole of treatment needs of the patient, such as continuing treatment and out of hours services, also contributes to achieving the right of access.



SAFETY

A right to safe and high quality care.

Safety is addressed by being alert to patient or consumer needs, ensuring patients or consumers understand the treatment they are to receive and by participating in existing patient safety systems.

RESPECT

A right to be shown respect, dignity and consideration.

Respect means that all participants are mindful of a patient's or consumer's environment and background, and providing health care and advice that is appropriate to the patient's or consumer's needs.

COMMUNICATION

A right to be informed about services, treatment, options and costs in a clear and open way.

Communication is enhanced if healthcare providers ensure that the patient or consumer understands the information being provided to them and by being alert to signs of confusion or misunderstanding by the patient or consumer and/or carers.

Wherever practical, healthcare providers should make sure arrangements are made to meet patient or consumer language and communication needs.

PARTICIPATION

A right to be included in decisions and choices about care.

Participation by patients in their health care is encouraged by engaging the patient or consumer and/or carers in discussions about treatment options. This includes informing patients and consumers of their right to refuse or withdraw consent at any time and inviting patients and consumers to consent for care or treatment that is experimental or part of teaching or research.

Healthcare providers should be alert to a patient's or consumer's circumstances and consider these circumstances when providing care.



PRIVACY

A right to privacy and confidentiality of provided information.

Privacy requires that all participants be sensitive to the privacy needs of patients or consumers and by ensuring that patient information is only shared with other appropriate health professionals.

COMMENT

A right to comment on care and having concerns addressed.

The opportunity to comment is important and enhanced by being attentive to the concerns of patients or consumers and/or carers and encouraging them to engage in two way communication. Patients, consumers and/or carers should be helped to articulate their concerns and be informed of comment options available to them.

Healthcare providers should facilitate the efficient and equitable resolution of complaints by participating in organisational processes and should also look for improvements in health care provision as an outcome from interactions with patients, consumers, their carers and their families.